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Bib Data Sheet

CONFIRMATION NO. 8389

| | | | | |
|------------------------------------|-------------------------------------------------|---------------------|-------------------------------|-----------------------------------------|
| SERIAL NUMBER 10/091,952 | FILING DATE 03/05/2002 RULE | CLASS 600 | GROUP ART UNIT 3737 | ATTORNEY DOCKET NO. 501094.01 |
|------------------------------------|-------------------------------------------------|---------------------|-------------------------------|-----------------------------------------|

APPLICANTS

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** CONTINUING DATA *****

None 10/10/02

** FOREIGN APPLICATIONS *****

None 10/10/02

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/09/2002

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY WA | SHEETS DRAWING 8 | TOTAL CLAIMS 28 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i> | | | | |

ADDRESS

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TITLE

Diagnostic ultrasonic imaging system having combined scanhead connections

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|-----------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| FILING FEE RECEIVED 884 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Credit |